

MONTANA CHEMICAL DEPENDENCY CENTER POLICY AND PROCEDURE MANUAL

Policy Subject: Patient Hair Cuts	
Policy Number: CTP31	Standards/Statutes: MCA 53-24-208 ARM 37.27.130
Effective Date: 3/10/2005	Page 1 of 2

Purpose: To provide a method for patients to improve personal hygiene and appearance.

Policy: Improvement in personal hygiene and appearance is an important part to enhancing self-esteem and positive attitudes toward recovery.

Procedure:

The program will provide an opportunity for hair cuts every other week at the local beauty college.

- I. The program has coordinated with a local beauty academy to provide haircuts to our patients on a bi-monthly basis.
- II. The academy can provide up to five haircuts at one time.
- III. The patient requesting a haircut will pay the \$5.00 fee directly to the Beauty Academy at the time of services.
- IV. There will be a signup list on both floors indicating the next date for haircuts.
- V. The T.S. on day shift will be responsible to manage the list and make sure the patient has the \$5.00 fee prior to leaving. They will not handle any of the money only check to see that the patient has the \$5.00 fee.
 - A. If there are more than five patients it will be on a first come first serve basis according to the date the patient signed the request list.

- B. The T.S. will be responsible to make the appointment for a Friday or other day decided to be less conflicting with other activities and coordinate this with the Beauty Academy and Clinical Supervisor or his designee.
- C. The T.S. that is scheduling the appointment should attempt to ensure that all our patients could be done at the same time to minimize extended periods of waiting. If this is not possible, the T.S. making the arrangements will coordinate with the Clinical Supervisor or his designee to discuss another day or time that will limit the time spent at the academy.
- D. The staff on duty at the time of the scheduled appointments will transport and remain on sight while the patients are getting their haircut, and transport them back at the completion.

Revisions: _____

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Name	Title	Date

Approved By: _____	_____
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